

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.	FILING DATE	
09/937510	APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3	2					
4	(1)					
5	(1)		1			
6			1			
7			2			
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TOTAL IND.	1	1	1	1	1	1
TOTAL DEP.	5	8	9	10	11	12
TOTAL CLAIMS	6	9	9	10	10	10

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100			
TOTAL IND.		1	1
TOTAL DEP.		1	1
TOTAL CLAIMS		1	1